

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/276266

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		2				
4	1					
5	1					
6		6				
7		10				
8						
9	1					
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1					
17		1				
18		2				
19		2				
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48						
49						
50						
TOTAL IND.	16					
TOTAL DEP.	20					
TOTAL CLAIMS	32					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS